

A public hearing will be conducted at 1:30 P.M Tuesday, March 20, 2012 in Room 1051 of the Landon State Office Building , 900 SW Jackson, Topeka, to consider the adoption of proposed changes in 20 existing rules and regulations relating to the Advanced Registered Nurse Practitioner and 3 existing rules and regulations relating to IV therapy. The Advance Registered Nurse Practitioner proposed changes includes title change from Advance Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), change "certificate of qualification" to "licensure", change "categories" of APRN to "roles", require a Masters or higher degree in an APRN role, and require continuing education in the APRN role. The IV therapy proposed changes include clarifying language of the scope of practice for licensed practical nurses performing IV therapy, changes in the course approval procedure, and new standards for IV therapy course. All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Board of Nursing, Room 1051 Landon State Office Building, 900 S.W. Jackson, Topeka, Ks. 66612. All interested parties will be given a reasonable opportunity to present their views, orally or in writing, concerning the adoption of the proposed regulations during the hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 904252) at 1:30 P.M. the day of the hearing. In order to give all persons the opportunity to present their views, it may be necessary to request each participant to limit any oral presentations to five minutes. A summary of the proposed regulations and the economic impact follows.

K.A.R. 60-11-101. Definition of expanded role; limitations, restrictions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-102. Roles of advance practice registered nurses. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "categories" to "roles". The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-103. Educational requirements for advanced practice registered nurses. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles" and "certificate of qualification" to "license". This will also change "hold a current license to practice as an APRN issued by another board of nursing" to "issued by a nursing licensing authority of another jurisdiction". The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles" and changes "expanded" role at a specialized level to "advanced" role at a specialized level. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-104a. Protocol requirements; prescription orders. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certified” to “licensed”. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-105. Functions of the advanced practice registered nurse in the role of nurse midwife. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), and “categories” to “roles”, and technical changes to authorizing language. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changes “category” to “role”, and changes “expanded” role of registered nurse anesthetist to “advanced” role of registered nurse anesthetist. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changes “category” to “role” and changes “expanded” role to provide evidence-based nursing practice to “advanced” role to provided evidence-based nursing practice. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-113. License renewal. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “certificate” to “license”, and adds the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-116. Reinstatement of license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles”, “certificate of qualification” to “license”, and adds the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-118. Temporary permit to practice. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license”. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-119. Payment of fees. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license”. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-11-120. Expiration dates of licenses; applications. The proposed language changes the “certificate of qualification” to “license”. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-11-121. Exempt license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and “certificate of qualification” to “license”. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-13-112. License renewal. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-17-101. Definitions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-17-104. Faculty and preceptor qualifications. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles”, and “certificate of qualification” to “license”. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-17-105. Curriculum requirements. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles”, and “certificate of qualification” to “license”. The proposed change will delete the language as defined by the sponsoring academic institution and defines what academic equivalent is. The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-17-110. Discontinuing an advance practice registered nurse program. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The fiscal impact for the State Board of Nursing will be approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-17-111. Requirements for advanced practice registered nurse refresher course. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles”, and “certificate of qualification” to “license”. The fiscal impact for the State Board of Nursing will be

approximately \$2220.00 and an undetermined amount for other governmental entities, private business, or individuals.

K.A.R. 60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. The proposed language clarifies that basic fluid can be monitored, the initial dosage of medications or solutions is excluded from the LPN scope of practice, removes restrictive language on maintaining patency to allow any medication or solution allowed by facility policy, and clarifies direct IV push drugs that can be given. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-16-103. Course approval procedure. The proposed language adds that the curricula shall meet the requirements in K.A.R. 60-16-104(g). There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-16-104. Standards for course; competency examination; recordkeeping. The proposed language changes the board approved intravenous fluid therapy curriculum from the 2003 version of instructional material from the University of Missouri to portions of the "infusion nursing standards of practice: volume 34, number 1S dated January/February 2011. The proposed portions are listed in the regulation and it also requires each provider to submit documentation of the use of the curriculum by February 1, 2013". Proposed language also changes the length of time from 60 days to 15 days the provider has to submit a typed roster listing the names and license numbers of each individual who has successfully completed the course. There is no economic impact for the State Board of Nursing or individuals and there may be fees for IV therapy providers to purchase the new standards and to change to the new curriculum. The cost for this can not be determined.

A copy of each of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing web site at www.ksbn.org or by contacting the Executive Administrator at the State Board of Nursing, Suite 1051, Landon State Office Building, 900 SW Jackson, Topeka, KS. 66612 or call (785) 296-3350, prior to the date of hearing.

Any individual with a disability may request accommodations in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodations should be made at least five working days in advanced of the hearing by contacting the State Board of Nursing.

Mary Blubaugh MSN, RN
Executive Administrator

60-11-101. Definition of expanded role; limitations; restrictions. (a) Each “advanced practice registered nurse practitioner” (ARNP) (APRN), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the ~~ARNP’s category~~ APRN’s role of advanced practice. Each ~~ARNP~~ APRN shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions based on the authorization for collaborative practice with one or more physicians. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an ARNP APRN. Each ARNP APRN shall be directly accountable and responsible to the consumer.

(b) “Authorization for collaborative practice” shall mean that an ARNP APRN is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement developed jointly and signed by the ARNP APRN and one or more physicians. Each ARNP APRN and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the names and telephone numbers of the ARNP APRN and the physician, their signatures, and the date of review by the ARNP APRN and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the ~~ARNP’s~~ APRN’s principal place of practice.

(c) “Physician” shall mean a person licensed to practice medicine and surgery by the state board of healing arts.

(d) “Prescription” shall have the meaning specified in K.S.A. 65-1626, and amendments thereto.

(e) “Prescription order” shall have the meaning specified in K.S.A. 65-1626, and amendments thereto.

(Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended March 31, 2000; amended Sept. 4, 2009; amended P-_____.)

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60-11-102. ~~Categories~~ Roles of advanced practice registered ~~nurse-practitioners~~ nurses. The four ~~categories~~ roles of advanced practice registered ~~nurse-practitioners~~ certified nurses licensed by the board of nursing shall be the following:

(a) Clinical nurse specialist;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) nurse practitioner. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended Sept. 4, 2009; amended P-_____.)

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60-11-103. Educational requirements for advanced practice registered ~~nurse-practitioners~~ nurses. (a)

To be issued a ~~certificate of qualification~~ license as an advanced practice registered nurse practitioner in any of the ~~categories~~ roles of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:

(1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-17-101 through 60-17-108;

(3) have completed a formal, post-basic nursing education program that ~~may~~ could be no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation;

(4) hold a current ~~certificate of authority~~ license to practice as an advanced practice registered nurse practitioner in the ~~category~~ role for which application is made and that meets the following criteria:

(A) Was issued by ~~another board of a~~ nursing licensing authority of another jurisdiction; and

(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. 60-17-101 through 60-17-108; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the ~~category~~ role of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

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(b) Each applicant for a ~~certificate of qualification~~ license as an advanced practice registered nurse ~~practitioner~~ in a ~~category~~ role other than anesthesia or midwifery shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (a) before July 1, 1994;
- (2) if none of the requirements in subsection (a) have been met before July 1, 1994, meet one of the requirements of subsection (a) and hold a baccalaureate or higher degree in nursing; or
- (3) if none of the requirements in subsection (a) have been met before July 1, 2002, meet one of the requirements of subsection (a) and hold a master's or higher degree in a clinical area of nursing.

(c) Each applicant for a ~~certificate of qualification~~ license as an advanced practice registered nurse ~~practitioner~~ in the ~~category~~ role of anesthesia shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (a) before July 1, 2002; or
- (2) if none of the requirements in subsection (a) have been met before July 1, 2002, meet one of the requirements of subsection (a) and hold a master's degree or a higher degree in nurse anesthesia or a related field.

(d) Each applicant for a ~~certificate of qualification~~ license as an advanced practice registered nurse ~~practitioner~~ in the ~~category~~ role of midwifery shall meet one of the following requirements:

- (1) Have met one of the requirements of subsection (a) before July 1, 2000;
- (2) if none of the requirements in subsection (a) have been met before July 1, 2000, meet one of the requirements of subsection (a) and hold a baccalaureate degree in nursing; or
- (3) if none of the requirements in subsection (a) ~~are~~ have been met before January 1, 2010, meet one of the requirements of subsection (a) and hold a master's degree or a higher degree in nursing, midwifery, or a related field.

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(e) A ~~certificate of qualification~~ license may be granted if an individual has been certified by a national nursing organization whose certification standards have been approved by the board as equal to or greater than the corresponding standards established by the board for obtaining a ~~certificate of qualification~~ license to practice as an advanced practice registered nurse ~~practitioner~~. National nursing organizations with certification standards that meet this standard shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing organizations with approved certification standards.

(f) Each applicant who completes an advanced practice registered nurse ~~practitioner~~ program after January 1, 1997 shall have completed three college hours in advanced pharmacology or the equivalent.


(g) Each applicant who completes an advanced practice registered nurse ~~practitioner~~ program after January 1, 2001 in a ~~category~~ role other than anesthesia or midwifery shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(h) Each applicant who completes an advanced practice registered nurse ~~practitioner~~ program after July 1, 2009 shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(i) Notwithstanding the provisions of subsections (a) through (h), each applicant for a ~~certificate of qualification~~ license as an advanced practice registered nurse ~~practitioner~~ who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board. (Authorized by and implementing K.S.A.

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65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended Sept. 4, 2009; amended P-_____.)

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60-11-104. Functions of the advanced practice registered nurse practitioner in the category role of nurse practitioner. Each advanced practice registered nurse practitioner in the category role of nurse practitioner shall function in an expanded advanced role at a specialized level, through the application of advance advanced knowledge and skills and shall be authorized to perform the following:

(a) Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto, of acute and chronic diseases;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

(c) provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) provide health care for individuals by managing health problems encountered by patients and clients; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended P-_____.)

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60-11-104a. Protocol requirements; prescription orders. (a) Each written protocol that an advanced practice registered nurse ~~practitioner~~ is to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements:

(1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced practice registered nurse ~~practitioner~~ is permitted to prescribe;

(2) be maintained in either a loose-leaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing the following data:

(A) The names, telephone numbers, and signatures of the advanced practice registered nurse ~~practitioner~~ and a responsible physician who has authorized the protocol; and

(B) the date on which the protocol was adopted or last reviewed; and

(3) be kept at the advanced practice registered nurse ~~practitioner's~~ nurse's principal place of practice.

(b) Each advanced practice registered nurse ~~practitioner~~ shall ensure that each protocol is reviewed by the advanced practice registered nurse ~~practitioner~~ and physician at least annually.

(c) Each prescription order in written form shall meet the following requirements:

(1) Include the name, address, and telephone number of the practice location of the advanced practice registered nurse ~~practitioner~~;

(2) include the name, address, and telephone number of the responsible physician;

(3) be signed by the advanced practice registered nurse ~~practitioner~~ with the letters A.R.N.P.; A.P.R.N.;

(4) be from a class of drugs prescribed pursuant to protocol; and

(5) contain ~~any~~ the D.E.A. registration number issued to the advanced practice registered nurse ~~practitioner~~ when a controlled substance, as defined in K.S.A. 65-4101(e) and amendments thereto, is prescribed.


(d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced practice registered nurse ~~practitioner~~ from conveying a prescription order orally or

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administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry; or ~~certified~~ licensed as an advanced practice registered nurse ~~practitioner~~.

(e) When used in this regulation, terms shall be construed to have the meanings ~~set forth~~ specified in the ~~pharmacy act of the state of Kansas~~, K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 1999-Supp. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective, T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995; amended March 31, 2000; amended P-_____.)

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60-11-105. Functions of the advanced practice registered nurse practitioner in the category role of nurse-midwife. Each advanced practice registered nurse practitioner in the category role of nurse-midwife shall function in an ~~expanded~~ advanced role through the application of advanced skills and knowledge of women's health care through the life span and shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

(c) provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy, childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended P-_____.)

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60-11-106. Functions of the advanced practice registered nurse ~~practitioner~~; nurse anesthetist. The functions that may be performed by any advanced practice registered nurse ~~practitioner~~ functioning in the expanded advanced role of registered nurse anesthetist shall be those functions defined in K.S.A. 65-1158, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 1999, ch. 115, § 1 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended March 31, 2000; amended P-_____.)

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60-11-107. Functions of the advanced practice registered nurse practitioner in the category role of clinical nurse specialist. Each advanced practice registered nurse practitioner in the category role of clinical nurse specialist shall function in an ~~expanded~~ advanced role to provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care. Each clinical nurse specialist shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;


(c) provide health care services for which the clinical nurse specialist is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended P-_____.)

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60-11-113. Certificate License renewal. (a) Advanced practice registered nurse practitioner certifications licenses shall be renewed on the same biennial cycle as the cycle for the registered professional nurse licensure renewal, as set out specified in K.A.R. 60-3-108.

(b) On and after January 1, 2013, each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to the advanced practice registered nurse role during the most recent prior license period. Proof of completion of 30 contact hours of approved CNE in the advanced practice nurse role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of the advanced practice registered nursing role. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over one contact hour.

(h) All CNE accumulated for APRN license renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 2010 Supp. 65-1117, as amended by L. 2011, ch. 114, sec. 79, and K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1117, as amended by L. 2011, ch.

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114, sec. 79, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective Sept. 2,
1991; amended May 9, 1994; amended July 29, 2005; amended P-_____.)

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60-11-116. Reinstatement of ~~certification~~ license. (a) Any nurse anesthetist whose Kansas ~~ARNP certification~~ APRN license has lapsed and who desires to obtain a reinstatement of ~~ARNP certification~~ APRN licensure shall meet the same requirements as those in K.A.R. 60-13-110.

(b) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas ~~ARNP certification~~ APRN license has lapsed may, within five years of its expiration date, reinstate the ~~certification~~ license by submitting proof that the applicant has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to the advanced practice registered nurse role within the preceding two-year period; or

(2) been ~~certified~~ licensed in another jurisdiction and, while ~~certified~~ licensed in that jurisdiction, has accumulated 1,000 hours of advanced practice registered nurse ~~practitioner~~ practice within the preceding five-year period.

(c) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas ~~ARNP certification~~ APRN license has lapsed for more than five years beyond its expiration date may reinstate the ~~certification~~ license by submitting evidence of having attained either of the following:

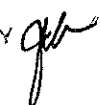
(1) A total of 1,000 hours of advanced practice registered nurse ~~practitioner~~ practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to the advanced practice registered nurse role; or

(2) completion of a refresher course approved by the board. (Authorized by K.S.A. 2000 2010 Supp. 65-1117, as amended by L. 2011, ch. 114, sec. 79, and K.S.A. 65-1129; implementing K.S.A. 2000 2010 Supp. 65-1117, as amended by L. 2011, ch. 114, sec. 79, and K.S.A. 2000 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective Sept. 2, 1991; amended March 22, 2002; amended P-_____.)

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60-11-118. Temporary ~~certification~~ permit to practice. (a) A temporary permit to practice as an advanced practice registered nurse ~~practitioner~~ may be issued by the board for a period of not to exceed more than 180 days to an applicant for ~~certification~~ licensure as an advanced practice registered nurse ~~practitioner~~ who meets the following requirements:


(1) Was previously ~~certified~~ licensed in this state; and

(2) is enrolled in a refresher course required by the board for reinstatement of a ~~certification~~ license ~~which~~ that has lapsed for more than five years.

(b) A one-time temporary permit to practice as an advanced practice registered nurse ~~practitioner~~ may be issued by the board for a period of not more than 180 days pending completion of the application for a ~~certificate of qualification~~ license. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1132, as amended by L. 1992, ch. 135, § 3 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended April 26, 1993; amended P-_____.)

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60-11-119. Payment of fees. Payment of fees for advanced practice registered nurse-practitioners nurses shall be as follows:

- (a) Initial application for ~~certification~~ license\$50.00
- (b) Biennial renewal of ~~certification~~ license60.00
- (c) Application for reinstatement of ~~certification~~ license without temporary permit.....75.00
- (d) Application for ~~certification~~ license with temporary permit100.00
- (e) Application for exempt ~~certification~~ license.....50.00
- (f) Renewal of exempt ~~certification~~ license50.00

(Authorized by K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; implementing K.S.A. 65-1118, as amended by L. 2011, ch. 114, sec. 41, and 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended May 17, 1993; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007; amended P-_____.)

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NOV 02 2011

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SEP 22 2011

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60-11-120. Expiration dates of certificates licenses; applications. The expiration dates of all certificates licenses and applications shall be in accordance with K.A.R. 60-3-107 and 60-3-108. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective April 3, 1998; amended July 29, 2005; amended P-
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SEP 22 2011

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60-11-121. Exempt certificate license. (a) An exempt certificate license shall be granted only to an advanced practice registered nurse ~~practitioner~~ who meets these requirements:

(1) Is not regularly engaged ~~in~~ as an advanced practice registered nurse ~~practitioner~~ in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto; and

(2) (A) Has been ~~certified~~ licensed in Kansas for the five years previous to applying for an exempt certificate license; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt certificate license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt certificate license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119.

(Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005; amended P-_____.)

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SEP 22 2011

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60-13-112. Authorization License renewal. (a) Each authorization license to practice as a registered nurse anesthetist (RNA) in Kansas shall be subject to the same biennial expiration dates as those ~~set out~~ specified in K.A.R 60-3-108 for the registered professional nurse license in Kansas.

(b) Each individual renewing ~~an authorization~~ a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to nurse anesthesia during the most recent prior ~~authorization~~ licensure period. Proof of completion of 30 contact hours of approved CNE in the nurse anesthesia role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of nurse anesthesia. Each separate offering shall be approved before the individual submits the ~~authorization~~ license renewal application.

(e) Approval shall not be granted for identical offerings completed within ~~an authorization~~ the same license renewal period.

(f) Any individual renewing ~~an authorization~~ a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over one contact hour.

(h) All CNE accumulated for ~~authorization~~ RNA license renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1159

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DEPT. OF ADMINISTRATION

NOV 02 2011

NOV 01 2011

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and K.S.A. 65-1164; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended July 29, 2005; amended P- _____.)

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DEPT. OF ADMINISTRATION

NOV 01 2011

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60-17-101. Definitions. (a) An “advanced nursing education program” may be housed within a part of any of the following organizational units within an academic institution:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department; or
- (5) an academic unit.

(b) “Affiliating agency” means an agency that cooperates with the advanced nursing education program to provide clinical facilities and resources for selected student experiences.

(c) “Clinical learning” means an active process in which the student participates in advanced nursing activities while being guided by a member of the faculty.

(d) “Contractual agreement” means a written contract or letter signed by the legal representatives of the advanced nursing education program and the affiliating agency.

(e) “Preceptor” means an advanced practice registered nurse ~~practitioner~~ or a physician who provides clinical supervision for advanced practice registered nurse ~~practitioner~~ students as a part of nursing courses taken during the advanced nursing education program.

(f) “Satellite program” means an existing, accredited advanced nursing education program provided at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

(g) “Transfer student” means an individual who is permitted to apply advanced nursing courses completed at another institution to a different advanced nursing education program ~~of study~~. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended P-_____.)

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DEPT. OF ADMINISTRATION

NOV 02 2011

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60-17-104. Faculty and preceptor qualifications. (a) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(b) Each preceptor shall be licensed or ~~certified~~ in the state in which the preceptor is currently practicing. Each preceptor shall complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship.

(c) For advanced nursing education programs in the category role of nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree.

(3) Each nurse faculty member responsible for clinical instruction shall possess a ~~certificate~~ license as an advanced practice registered nurse ~~practitioner~~ and a graduate degree.

(d) For advanced nursing education programs in any category role other than nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree in nursing.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. ~~Any~~ Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(3) Each nurse faculty member responsible for coordinating clinical instruction shall possess a ~~certificate~~ license as an advanced practice registered nurse ~~practitioner~~ in the category role for which clinical instruction

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NOV 02 2011

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DEPT. OF ADMINISTRATION

SEP 22 2011

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is provided and shall have a graduate degree. Any Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(4) Each preceptor or adjunct faculty shall be ~~certified~~ licensed as an advanced practice registered nurse practitioner or shall be licensed as a physician in the state in which the individual is currently practicing. Each preceptor shall complete a preceptor orientation including information about the pedagogical aspects of the student-preceptor relationship.

(e) The nonnursing faculty of each advanced nursing education program shall have graduate degrees in the area of expertise.

(f) The nurse administrator of each advanced nursing education program shall submit to the board a faculty qualification report for each faculty member who is newly employed by the program. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended P-_____.)

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NOV 02 2011

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NOV 01 2011

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60-17-105. Curriculum requirements. (a) The faculty in each advanced nursing education program shall fulfill these requirements:

- (1) Identify the competencies of the graduate for each category role of advanced nursing practice for which the program provides instruction;
- (2) determine the approach and content for learning experiences;
- (3) direct clinical instruction as an integral part of the program; and
- (4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

(1) Role alignment related to the distinction between practice as a registered professional nurse and the expanded advanced role of an advanced practice registered nurse ~~practitioner~~ as set out specified in K.A.R. 60-11-101;

(2) theoretical instruction in the category role or categories roles of advanced nursing practice for which the program provides instruction;

- (3) the health care delivery system;
- (4) the ethical and legal implications of advanced nursing practice;
- (5) three college hours in advanced pharmacology or the equivalent;
- (6) three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent for ~~certification~~ licensure as an advanced practice registered nurse ~~practitioner~~ in a category role other than nurse anesthesia and nurse midwifery;

(7) if completing an advanced practice registered nurse ~~practitioner~~ program after July 1, 2009, three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent; and

(8) clinical instruction in the area of specialization, which shall include the following:

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DEC 22 2011

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DEPT. OF ADMINISTRATION

SEP 22 2011

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- (A) Performance of or ordering diagnostic procedures;
- (B) evaluation of diagnostic and assessment findings; and
- (C) the prescription of medications and other treatment modalities for client conditions.
- (c) ~~Minimum length of program.~~

(1) ~~The Each~~ program shall consist of ~~nine months of study or one academic year of full-time study or its equivalent, as defined by the sponsoring academic institution~~ at least 45 semester credit hours or the academic equivalent. As used in this regulation, "academic equivalent" shall mean the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.

(2) The clinical component shall consist of at least 260 hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 hours of clinical learning in each clinical track, or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours.

(d) ~~The Each~~ nurse administrator shall meet the following requirements:

- (1) Develop and implement a written plan for program evaluation; and
- (2) submit any major revision to the curriculum of advanced nursing courses for board approval at least 30 days before a meeting of the board. The following shall be considered major revisions to the curriculum:

- (A) Any significant change in the plan of curriculum organization; and
- (B) any change in content.

(e) ~~The Each~~ nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2), to the board or the board's designee for approval. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended P-_____.)

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DEPT. OF ADMINISTRATION

DEC 22 2011

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60-17-110. Discontinuing an advanced practice registered nurse ~~practitioner~~ program. Each school terminating its program shall submit, for board approval, the school's plan for its currently enrolled students and for disposition of its records. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp.74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended P-_____.)

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NOV 02 2011

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NOV 01 2011

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60-17-111. Requirements for advanced practice registered nurse practitioner refresher course. (a)

~~Refresher course:~~

(1) Each refresher course that prepares advanced practice registered nurse practitioners ~~(ARNP)~~ nurses (APRNs) who have not been actively engaged in advanced nursing practice for more than five years shall be accredited by the board.

(2) If a formal refresher course is not available, an individualized course may be designed for a nurse. Each individualized course shall be accredited by the education specialist.

(b) Each refresher course student shall meet both of the following conditions:

(1) Be licensed currently as a Kansas registered professional nurse; and

(2) have been licensed ~~or certified~~ as an advanced practice registered nurse practitioner in Kansas or another state or have completed the education required to be ~~certified~~ licensed as an advanced practice registered nurse practitioner in Kansas.

(c) Continuing nursing education contact hours may be awarded for completion of ~~ARNP~~ APRN refresher courses. A contact hour shall equal a 50-minute hour of instruction.

(d) The objectives and outcomes of the refresher course shall be stated in behavioral terms and shall describe the expected competencies of the applicant.

(e) Each instructor for an ~~ARNP~~ APRN refresher course shall be ~~certified~~ licensed as an ~~ARNP~~ APRN and shall show evidence of recent professional education and competency in teaching.

(f) Each provider that has been accredited by the board to offer an ~~ARNP~~ APRN refresher course shall provide the following classroom and clinical experiences, based on the length of time that the student has not been actively engaged in advanced nursing practice:

(1) For students who have not engaged in advanced nursing practice for more than five years, but less than or equal to 10 years, 150 didactic hours and 350 clinical hours; and

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NOV 02 2011

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DEPT. OF ADMINISTRATION

SEP 22 2011

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(2) for students who have not engaged in advanced nursing practice for more than 10 years, 200 didactic hours and 500 clinical hours.

(g) The content, methods of instruction, and learning experiences shall be consistent with the objectives and outcomes of the course.

(h) Each refresher course for the ~~categories~~ roles of nurse practitioner, clinical nurse specialist, and nurse-midwife shall contain the following content:

(1) Didactic:

(A) Role alignment related to recent changes in the area of advanced nursing practice;

(B) the ethical and legal implications of advanced nursing practice;

(C) the health care delivery system;

(D) diagnostic procedures for the area of specialization; and

(E) prescribing medications for the area of specialization; and

(2) clinical:

(A) Conducting diagnostic procedures for the area of specialization;

(B) prescribing medications for the area of specialization;

(C) evaluating the physical and psychosocial health status of a client;

(D) obtaining a comprehensive health history;

(E) conducting physical examinations using basic examination techniques, diagnostic instruments, and laboratory procedures;

(F) planning, implementing, and evaluating care;

(G) consulting with clients and members of the health care team;

(H) managing the medical plan of care prescribed based on protocols or guidelines;

(I) initiating and maintaining records, documents, and other reports;

ATTORNEY GENERAL DEPT. OF ADMINISTRATION

NOV 02 2011

SEP 21 2011

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(J) developing teaching plans; and

(K) counseling individuals, families, and groups on the following issues:

(i) Health;

(ii) illness; and

(iii) the promotion of health maintenance.

(i) Each student in nurse-midwife refresher training shall also have clinical hours in the management of the expanding family throughout pregnancy, labor, delivery, postdelivery care, and gynecological care.

(j) The provider of ~~the~~ each refresher course shall provide official evidence of completion to each individual who successfully completes the refresher course ~~of study~~. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44, and K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended July 29, 2005; amended P-_____.)

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NOV 01 2011

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60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. (a) A licensed practical nurse under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment, including the following:

- (1) Monitoring;
- (2) maintaining basic fluids;
- (3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and
- (4) changing dressings for intravenous access devices not exceeding three inches in length in peripheral sites only.

(b) Any licensed practical nurse who has met one of the requirements under K.S.A. 65-1136, and amendments thereto, may perform, in addition to the functions specified in subsection (a) of this regulation, the following procedures relating to the expanded administration of intravenous fluid therapy under the supervision of a registered professional nurse:

- (1) Calculating;
- (2) adding parenteral solutions to existing patent central and peripheral intravenous access devices or administration sets;
- (3) changing administration sets;
- (4) inserting intravenous access devices that meet these conditions:
 - (A) Do not exceed three inches in length; and
 - (B) are located in peripheral sites only;
- (5) adding designated premixed medications to existing patent central and peripheral intravenous access devices or administration sets either by continuous or intermittent methods, excluding the initial dosage of medications or solutions;
- (6) maintaining the patency of central and peripheral intravenous access devices and administration sets

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NOV 02 2011

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DEPT. OF ADMINISTRATION

SEP 21 2011

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with ~~heparin or normal saline~~ medications or solutions as allowed by policy of the facility;

- (7) changing dressings for central venous access devices;
- (8) administering continuous intravenous drip analgesics and antibiotics; and
- (9) performing the following procedures in any facility having continuous on-site registered professional

nurse supervision:

(A) Admixing intravenous medications; and

(B) administering by direct intravenous push any drug in a drug category that is not specifically listed as a banned drug category in subsection (c), including analgesics, antibiotics, antiemetics, diuretics, and corticosteroids, as allowed by policy of the facility.

(c) A licensed practical nurse shall not perform any of the following:

(1) Administer any of the following by intravenous route:

(A) Blood and blood products, including albumin;

(B) investigational medications;

(C) anesthetics, antianxiety agents, biological therapy, serums, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations, antineoplastics agents, hematopoietics, autonomic drugs, and respiratory stimulants;

(D) intravenous fluid therapy in the home health setting, with the exception of the approved scope of practice authorized in subsection (a); or

(E) intravenous fluid therapy to any patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of the approved scope of practice authorized in subsection (a);

(2) initiate total parenteral nutrition or lipids;

(3) titrate medications;

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NOV 02 2011

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OCT 21 2011

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- (4) draw blood from a central intravenous access device;
- (5) remove a central intravenous access device or any intravenous access device exceeding three inches in length; or
- (6) access implantable ports for any purpose.
- (d) Licensed practical nurses qualified by the board before June 1, 2000 may perform those activities listed in subsection (a) and paragraph (b)(9)(A) regardless of their intravenous therapy course content on admixing.
- (e) This regulation shall limit the scope of practice for each licensed practical nurse only with respect to intravenous fluid therapy and shall not restrict a licensed practical nurse's authority to care for patients receiving this therapy. (Authorized by and implementing K.S.A. ~~2001 Supp.~~ 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended June 12, 1998; amended Oct. 29, 1999; amended Jan. 24, 2003; amended P-_____.)

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NOV 02 2011

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DEPT. OF ADMINISTRATION

SEP 21 2011

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60-16-103. Course approval procedure. (a) Each person desiring to obtain approval for an intravenous (IV) fluid therapy course shall submit a proposal to the board.

(b) The proposal shall contain the following:

- (1) The name and qualifications of the coordinator;
- (2) the name and qualifications of each faculty member of the course;
- (3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;
- (4) a description of the educational and clinical facilities that will be utilized;
- (5) the ~~outline~~ outlines of the classroom curriculum and the clinical ~~curricula~~ curriculum, including time segments. These curricula shall meet the requirements of K.A.R. 60-16-104(g);
- (6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final clinical competency examination; and
- (7) if applicable, a request for continuing education approval meeting the following criteria:
 - (A) For each long-term provider, the IV therapy course provider number shall be printed on the certificates and the course roster, along with the long-term provider number-; and
 - (B) for each single program provider, the single program application shall be completed. There shall be no cost to this provider for the initial single offering providership.
- (c) Continuing education providers shall award at least 32 contact hours to each LPN who completes the course. Continuing education providers may award 20 contact hours, one time only, to each RN who completes the course.
- (d) After initial approval, each change in the course shall be provided to the board for approval before the change is implemented.

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NOV 02 2011

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SEP 23 2011

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(e)(1) All Each IV fluid therapy course providers provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the intravenous fluid therapy course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection (b) with the five-year long-term provider renewal.

(f) If a course does not meet or continue to meet the criteria for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended P-_____.)

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NOV 02 2011

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DEPT. OF ADMINISTRATION

SEP 21 2011

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60-16-104. Standards for course; competency examination; recordkeeping. (a) The purpose of the intravenous fluid therapy course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(b) The course shall meet both of the following conditions:

- (1) Consist of at least 30 hours of instruction; and
- (2) require ~~a minimum of~~ at least eight hours of supervised clinical practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual.

(c) To be eligible to enroll in an intravenous fluid therapy course, the individual shall be a nurse with a current license.

(d) The intravenous therapy course coordinator shall meet the following ~~conditions~~ requirements:

- (1) Be licensed as a registered professional nurse;
- (2) be responsible for the development and implementation of the intravenous fluid therapy course; and
- (3) have experience in intravenous fluid therapy and knowledge of the intravenous therapy standards.

(e) ~~Faculty qualifications.~~

(1) Each primary faculty member shall meet the following ~~conditions~~ requirements:

- (A) Be currently licensed to practice as a registered professional nurse in Kansas;
- (B) have clinical experience within the past five years that includes intravenous fluid therapy; and
- (C) maintain competency in intravenous fluid therapy.

(2) Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs.

(f) (1) Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

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DEC 22 2011

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DEPT. OF ADMINISTRATION

SEP 21 2011

APPROVED

(2) The facility in which clinical practice and the competency examination are conducted shall allow the students and faculty access to the intravenous fluid therapy equipment and intravenous fluid therapy recipients, and to the pertinent records for the purpose of documentation.

(3) There shall be a signed, written agreement between the provider and a cooperating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

(g)(1) The ~~only~~ board-approved intravenous fluid therapy curriculum shall be the “~~venous access and intravenous infusion treatment modalities,~~” 2003 revision, ~~published by the instructional materials laboratory, University of Missouri-Columbia, which is hereby adopted by reference, with the following modifications:~~

~~(1) Throughout the adopted curriculum, the following words and phrases shall be replaced as indicated following standards of the infusion nurses society’s supplement titled “infusion nursing standards of practice,” volume 34, number 1S, dated January/February 2011, which are hereby adopted by reference:~~

~~(A) “Missouri Rule 4 CSR 200-6.010” shall be replaced with “K.A.R. 60-16-102.” “Nursing practice”;~~

~~(i) “Practice setting” standard 1.1, 1.2, 1.3;~~

~~(ii) “neonatal and pediatric patients” standard 2.1, 2.2, 2.3;~~

~~(iii) “older adult patients” standard 3.1, 3.2;~~

~~(iv) “ethics” standard 4.1, 4.2, 4.3, 4.4;~~

~~(v) “scope of practice” standard 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7;~~

~~(vi) “competence and competency validation” standard 6.1, 6.2, 6.3, 6.4;~~

~~(vii) “quality improvement” standard 7.1;~~

~~(viii) “research and evidence-based practice” standard 8.1, 8.2, 8.3, 8.4; and~~

~~(ix) “policies, procedures, and/or practice guidelines” standard 9.1, 9.2, 9.3, 9.4;~~

ATTORNEY GENERAL

DEPT. OF ADMINISTRATION

DEC 22 2011

DEC 16 2011

APPROVED BY

APPROVED

(B) ~~"Missouri"~~ shall be replaced with ~~"Kansas."~~ "patient care":

(i) "Orders for the initiation and management of infusion therapy" standard 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7;

(ii) "patient education" standard 11.1, 11.2;

(iii) "informed consent" standard 12.1, 12.2, 12.3; and

(iv) "plan of care" standard 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7;

(C) ~~"Rule 4 CSR 200-6.010"~~ shall be replaced with ~~"K.A.R. 60-16-102."~~ "documentation":

(i) "Documentation" standard 14.1, 14.2, 14.3, 14.4, 14.5;

(ii) "unusual occurrence and sentinel event reporting" standard 15.1, 15.2;

(iii) "product evaluation, integrity, and defect reporting" standard 16.1, 16.2, 16.3, 16.4, 16.5; and

(iv) "verification of products and medications" standard 17.1, 17.2, 17.3;

(D) ~~"Missouri Rule 4 CSR 200-3.100"~~ shall be replaced with ~~"K.A.R. 60-16-104."~~ "infection prevention and safety compliance":

(i) "Infection prevention" standard 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9;

(ii) "hand hygiene" standard 19.1, 19.2, 19.3, 19.4;

(iii) "scissors" standard 21.1, 21.2, 21.3;

(iv) "safe handling and disposal of sharps, hazardous materials, and hazardous waste" standard 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7, 22.8;

(v) "disinfection of durable medical equipment" standard 23.1, 23.2, 23.3, 23.4;

(vi) "transmission-based precautions" standard 24.1, 24.2; and

(vii) "latex sensitivity or allergy" standard 25.1, 25.2, 25.3;

(E) ~~"Missouri Nursing Practice Act"~~ shall be replaced with ~~"Kansas nurse practice act"~~. "infusion equipment":

(i) "Add-on devices" standard 26.1, 26.2, 26.3;

ATTORNEY GENERAL

DEC 22 2011

APPROVED BY



DEPT. OF ADMINISTRATION

DEC 16 2011

APPROVED

- (ii) "needleless connectors" standard 27.1, 27.2, 27.3, 27.4, 27.5;
- (iii) "filters" standard 28.1, 28.2, 28.3, 28.4, 28.5, 28.6;
- (iv) "flow-control devices" standard 29.1, 29.2, 29.3, 29.4, 29.5; and
- (v) "tourniquets" standard 31.1, 31.2;
- (F) "vascular access device selection and placement":
 - (i) "Vascular access device selection" standard 32.1, 32.2, 32.3, 32.4;
 - (ii) "site selection" standard 33.1, 33.2, 33.3, 33.4, 33.5;
 - (iii) "local anesthesia for vascular access device placement and access" standard 34.1, 34.2, 34.3, 34.4;
 - (iv) "vascular access site preparation and device placement" standard 35.1, 35.2, 35.3, 35.4, 35.5, 35.6,
35.7, 35.8;
 - (v) "vascular access device stabilization" standard 36.1, 36.2, 36.3, 36.4;
 - (vi) "joint stabilization" standard 37.1, 37.2, 37.3, 37.4; and
 - (vii) "site protection" standard 38.1, 38.2, 38.3;
- (G) "site care and maintenance":
 - (i) "Administration set change" standard 43.1, 43.2, 43.3, 43.4, 43.5, 43.6;
 - (ii) "vascular access device removal" standard 44.1, 44.2, 44.3, 44.4, 44.5, 44.6;
 - (iii) "flushing and locking" standard 45.1, 45.2, 45.3, 45.4; and
 - (iv) "vascular access device site care and dressing changes" standard 46.1, 46.2, 46.3, 46.4;
- (H) "infusion-related complications":
 - (i) "Phlebitis" standard 47.1, 47.2, 47.3;
 - (ii) "infiltration and extravasation" standard 48.1, 48.2, 48.3;
 - (iii) "infection" standard 49.1, 49.2, 49.3, 49.4;
 - (iv) "air embolism" standard 50.1, 50.2, 50.3, 50.4, 50.5, 50.6;
 - (v) "catheter embolism" standard 51.1, 51.2, 51.3, 51.4;

ATTORNEY GENERAL DEPT. OF ADMINISTRATION

DEC 22 2011

DEC 16 2011

APPROVED BY



APPROVED

(vi) "catheter-associated venous thrombosis" standard 52.1, 52.2, 52.3, 52.4; and

(vii) "central vascular access device malposition" standard 53.1, 53.2, 53.3, 53.4, 53.5; and

(I) "infusion therapies":

(i) "Parenteral medication and solution administration" standard 61.1, 61.2, 61.3;

(ii) "antineoplastic therapy" standard 62.1, 62.2, 62.3, 62.4;

(iii) "biologic therapy" standard 63.1, 63.2, 63.3;

(iv) "patient-controlled analgesia" standard 64.1, 64.2, 64.3, 64.4;

(v) "parenteral nutrition" standard 65.1, 65.2, 65.3, 65.4, 65.5, 65.6, 65.7;

(vi) "transfusion therapy" standard 66.1, 66.2, 66.3, 66.4;

(vii) "moderate sedation/analgesia using intravenous infusion" standard 67.1, 67.2, 67.3, 67.4; and

(viii) "administration of parenteral investigational drugs" standard 68.1, 68.2, 68.3.

(2) ~~The following portions of the adopted curriculum shall be deleted:~~ Each provider shall submit documentation of the use of the curriculum required in this subsection to the board on or before February 1, 2013.

(A) ~~Pages xiii through xxxviii;~~

(B) ~~on page 2, the text titled "Supplementary teaching/learning items";~~

(C) ~~page 5 through the text labeled IV. B on page 12, except III. C, "Course Objectives," on pages 6 through 8;~~

(D) ~~on page 12, the phrase "Section 335.017 of";~~

(E) ~~pages 21 through 58;~~

(F) ~~on page 522, the word "CAUTION:" and the sentence that immediately follows this word;~~

(G) ~~page 606;~~

(H) ~~on page 627, the portions of the outline labeled "I" and "II";~~

(I) ~~on page 629, question number one under "Interaction items";~~

ATTORNEY GENERAL

DEC 22 2011

APPROVED BY 

DEPT. OF ADMINISTRATION

DEC 16 2011

APPROVED

~~(J) on page 631, question number one under "Evaluation items";~~

~~(K) pages 705 through 746; and~~

~~(L) the last three pages of the curriculum titled "student competency record," "clinical competencies checklist," and "certificate form."~~

~~(h) Written and clinical competency examination standards:~~

(1)(A) The final written competency examination shall be constructed from the board-approved pool of test questions and shall be based on the board-approved test plan.

(B) The final written competency examination shall consist of ~~a minimum of~~ at least 50 questions and shall require a passing grade of 80 percent or above.

(2) The final clinical competency examination shall require successful completion of the procedures on the board-approved competency checklist, which shall include the following procedures: preparation for the insertion of an intravenous line, insertion of an intravenous access device, conversion of a peripheral catheter to an intermittent infusion device, calculation of infusion flow rate, changing an intravenous fluid container, changing administration set tubing, care of the infusion site, flushing an intermittent infusion device, discontinuance of an intravenous infusion, administration of intravenous medication including both piggyback administration and direct injection, and admixing intravenous medications.

(i) ~~Records:~~

(1) The faculty shall complete the final record sheet, which shall include competencies and scores.

(2) The intravenous fluid therapy course coordinator shall perform the following:

(A) Award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final clinical competency examination;

(B) submit to the board, within ~~60~~ 15 days, a typed, alphabetized roster listing the name and license number of each individual who has successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

DEPT. OF ADMINISTRATION

ATTORNEY GENERAL

DEC 16 2011

DEC 22 2011

APPROVED

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(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the IV therapy course provider number, and the signature of the coordinator; and

(C) maintain the records of each individual who has successfully completed the course for a period of at least five years. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended P-_____.)

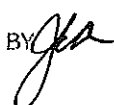
ATTORNEY GENERAL

DEPT. OF ADMINISTRATION

DEC 22 2011

DEC 16 2011

APPROVED BY



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Economic Impact

K.A.R. 60-11-101, 60-11-102, 60-11-103, 60-11-104, 60-11-104a, 60-11-105, 60-11-106, 60-11-107, 60-11-113, 60-11-116, 60-11-118, 60-11-119, 60-11-120, 60-11-121, 60-13-112, 60-17-101, 60-17-104, 60-17-105, 60-17-110, 60-17-111, 60-16-102, 60-16-103, and 60-16-104

K.A.R. 60-11-101. Definition of expanded role; limitations, restrictions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-102. Roles of advance practice registered nurses. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "categories" to "roles". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-103. Educational requirements for advanced practice registered nurse. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles" and "certificate of qualification" to license. This will also change "hold a current license" to practice as an APRN issued by another board of nursing to "issued by a nursing licensing authority of another jurisdiction". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles" and changes "expanded" role at a specialized level to "advanced" role at a specialized level. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-104a. Protocol requirements; prescription orders. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "certified" to "licensed". The Board of Nursing plans to send all

APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-105. Functions of the advanced practice registered nurse in the role of nurse midwife. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), and “categories” to “roles”, and technical changes to authorizing language. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changes category to role, and changes expanded role of registered nurse anesthetist to advanced role of registered nurse anesthetist. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), changes “category” to “role” and changes “expanded” role to provide evidence-based nursing practice to “advanced” role to provided evidence-based nursing practice. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-113. License renewal. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “certificate” to “license”, and adds the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role. The APRN must hold a Registered Nurse license to qualify for APRN licensure. Registered Nurses are required to have 30 contact hours of approved continuing nursing education. The APRN will now be required to get those 30 hours in their advance practice role. There should be no additional economic impact as the requirement for 30 contact hours of approved continuing nursing hours transfer from their RN license to their APRN license. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-116. Reinstatement of license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), “categories” to “roles”, “certificate of qualification” to “license”, and adds the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice

registered nurse role. The APRN must hold a Registered Nurse license to qualify for APRN licensure. Registered Nurses are required to have 30 contact hours of approved continuing nursing education. The APRN will now be required to get those 30 hours in their advance practice role. There should be no additional economic impact as the requirement for 30 contact hours of approved continuing nursing hours transfers from their RN license to their APRN license. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-118. Temporary permit to practice. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "certificate of qualification" to "license". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-119. Payment of fees. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "certificate of qualification" to "license". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-11-120. Expiration dates of licenses; applications. The proposed language changes the "certificate of qualification" to "license". There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-11-121. Exempt license. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and "certificate of qualification" to "license". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-13-112. License renewal. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN) and the requirements for 30 contact hours of approved continuing nursing education related to the advanced practice registered nurse role. The APRN must hold a Registered Nurse license to qualify for APRN licensure. Registered Nurses are required to have 30 contact hours of approved continuing nursing education. The APRN will now be required to get those 30 hours in their advance practice role. There should be no additional economic impact as the requirement for 30 contact hours of approved continuing nursing hours transfers from their RN license to their APRN license. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-17-101. Definitions. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-17-104. Faculty and preceptor qualifications. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles", and "certificate of qualification" to "license". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-17-105. Curriculum requirements. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles", and "certificate of qualification" to "license". The proposed change will delete the language as defined by the sponsoring academic institution and defines what academic equivalent is. The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-17-110. Discontinuing an advance practice registered nurse program. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-17-111. Requirements for advanced practice registered nurse refresher course. The proposed language changes the title from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), "categories" to "roles", and "certificate of qualification" to "license". The Board of Nursing plans to send all APRNs new license cards with the new title. The approximate cost for the Board of Nursing will be \$2220.00. There may be a fiscal impact on governmental entities, private business and individuals if they have forms, protocols, script pads, etc that they may need to change to the new title. The cost for this can not be determined.

K.A.R. 60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. The proposed language clarifies that basic fluid can be monitored, the initial dosage of medications or solutions is excluded from the LPN scope of practice, removes restrictive language on maintaining patency to allow any medication or solution allowed by facility policy, and clarifies direct IV push drugs that can be given. There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-16-103. Course approval procedure. The proposed language adds that the curricula shall meet the requirements in K.A.R. 60-16-104(g). There is no economic impact for the State Board of Nursing, other governmental entities, private business, or individuals.

K.A.R. 60-16-104. Standards for course; competency examination; recordkeeping. The proposed language changes the board approved intravenous fluid therapy curriculum from the 2003 version of instructional material from the University of Missouri to portions of the “infusion nursing standards of practice: volume 34, number 1S dated January/February 2011”. The proposed portions are listed in the regulation and it also requires each provider to submit documentation of the use of the curriculum by February 1, 2013. Proposed language also changes the length of time from 60 days to 15 days the provider has to submit a typed roster listing the names and license numbers of each individual who has successfully completed the course. The cost of the standards is \$25.00 for members of the Infusion Nurses Society and \$65.00 for non members. There is no economic impact for the State Board of Nursing or individuals and there may be fees for IV therapy providers to purchase the new standards and to change to the new curriculum. The cost for this can not be determined.